



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Joan Fallon Examiner: Zachariah Lucas  
SERIAL NO.: 09/990,909 Group Art Unit: 1648  
FILED: November 16, 2001 Dated: January 29, 2004  
FOR: METHODS FOR DIAGNOSING PERVERSIVE DEVELOPMENT  
DISORDERS, DYSAUTONOMIA, AND OTHER NEUROLOGICAL  
CONDITIONS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT TRANSMITTAL FORM**

Transmitted herewith is an amendment in the above-identified application

- Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- No additional fee is required.

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For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS	3	20	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	1	3	0	x 43	\$0	x 86 =	\$0
□ First Presentation of Multiple Dep. Claim				145		290	\$0

\* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20"

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 29, 2004.

Dated: January 29, 2004

Frank V. DeRosa

- Please charge Deposit Account No. 50-0679 in the amount of \$\_\_\_\_\_. Two (2) copies of this sheet are enclosed.
- The amount of \$\_\_\_\_\_ is authorized to be charged to a Credit Card. Form PTO-2038 is enclosed.
- Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0679. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0679 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

F. CHAU & ASSOCIATES, LLP  
1900 Hempstead Turnpike, Suite 501  
East Meadow, NY 11554  
(516) 357-0091

Respectfully submitted,



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Frank V. DeRosa  
Reg No. 43,584  
Attorney for Applicant(s)



**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Joan Fallon

**Examiner:** Zachariah Lucas

**Serial No:** 09/990,909

**Group Art Unit:** 1648

**Filed:** November 16, 2001

**Docket:** 8016-5

**For:** **METHODS FOR DIAGNOSING PERVERSIVE DEVELOPMENT DISORDERS, DYSAUTONOMIA, AND OTHER NEUROLOGICAL CONDITIONS**

Commissioner for Patents  
P.O. Box 1450

**AMENDMENT**

In response to the Office Action dated July 29, 2003, please amend the above-identified application as follows:

**IN THE DRAWINGS**

Please replace the originally filed Figs. 2 and 4 with the substitute Figs. 2 and 4 annexed hereto.

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**CERTIFICATE OF MAILING 37 C.F.R. § 1.8(a)**

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Date: 1/29/04

Frank DeRosa